OPTIONAL TECHNICAL ASSISTANCE TRAINING ENROLLMENT Form Code: PSS_CE Fee: \$50, Non-Refundable (Checks payable to: Treasurer, Commonwealth of Virginia) COMMONWEALTH OF VIRGINIA, Department of Criminal Justice Services

Private Security Services Section, P.O. Box 10110, Richmond, VA 23240-9998

Phone #: (804) 786-4700; Fax #: (804) 786-6344; Website: www.dcjs.state.va.us/privatesecurity

The following mu	st accompany this application:	• Non-refundable fee of S	650	
Applicant Name:	Last	Firet	Mi	ddle
Social Security #: (required)	DMV Alternate ID#:			
Mailing Address:	Number and Street	City/Town	State	Zip
Telephone:	Residence: ()	Busniess: ()	Fax: (<u>)</u>	
Personal E-mail Ac	ldress:			
VA Licensed Priva (If currently emplo	te Security Business:yed by a licensee)		Business ID#:	11-
If possible, ma	y the department provide informat	ion via your e-mail address?	Yes No	
Disability Acc	commodation Requested:	No Yes (If yes, ple	ase specify below)	
	Applicant's Signature		Date: mm/dd/yy	